



ENCOUNTER KEYS

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March-April, 2007

ICD-9 Changes

- Effective with the date of service on or after October 1, 2006 the following codes have been removed from the surgery exclusion list (RF724 Standard Service Set).

35.55 (Repair of ventricular septal defect with prosthesis)
36.33 (Endoscopic transmyocardial revascularization)
36.34 (Percutaneous transmyocardial revascularization)

- Effective with the date of service on or after October 1, 2006 the following codes have been added to the surgery exclusion list (RF724 Standard Service Set):

33.71 (Endoscopic insertion or replacement of bronchial)
33.78 (Endoscopic removal of bronchial device(s))
33.79 (Endoscopic insertion of other bronchial device)

- Effective with date of service on or after October 1, 2006 the following ICD-9 diagnosis codes have been added to the reference screen RF606 (Excluded Services):

277.30 (Amyloidosis, unspecified)
277.31 (Amilial mediterranean fever)
277.39 (Other amyloidosis)
731.3 (Major osseous defects)

Error Codes

- Effective for dates of service on or after July 1, 2007 the following error codes will be turned from soft to hard.

Z447 (Institutions for Mental Diseased (IMD) Limit Exceeded: Over 30 consecutive days)

Z448 (Institutions for Mental Diseased (IMD) Limit Exceeded: Over 60 Days for FYR)

Inside this issue:

ICD-9 Changes	1
Error Codes	1
Provider Extract Files	2
Provider Type	2
Place of Service	2
Age Change	2
Daily Limits Changed	3
New Waived Lab	3
Code Change(s)	4-6
072X Revenue Code (OPFS)	6



"I think there are only three things America will be known for 2,000 years from now when they study this civilization: the Constitution, jazz music, and baseball."

-Gerald Early



Provider Extract Files

Just a reminder, effective February 1st, PMMIS Provider Extract files are available to all plans on a weekly basis. These files are run on Wednesday evenings and available the following day. The intent of the more frequent run of these files is to provide Health Plans/Program Contractors with the most current Provider NPI information as posted to PMMIS.

Provider Type

- Effective with dates of service on or after January 1, 2006 the CPT code 90772 (Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular)) can be reported by provider type 19 (Registered Nurse Practitioner).
- Effective with dates of service on or after January 1, 1994 the codes Q0103 to Q0115 have been added to the provider type 31 (DO-Physician Osteopath).
- Effective with dates of service on or after March 1, 2007 the CPT code 93922 (Noninvasive physiologic studies of upper or lower extremity arteries) can be reported by provider type 10 (Podiatrist).

Place of Service

- Effective with dates of service on or after January 1, 2006 the following HCPCS codes can be reported with POS 21 (Inpatient Hospital) and 51 (Inpatient Psychiatric Facility).

H0002 - Behavioral Health screening to determine eligibility for admission to treatment program

H0031 - Mental Health assessment, by non-physician

- Effective with dates of service on or after January 1, 2006 the following CPT codes can be reported with POS 11 (Office).

Age Change

- Effective with dates of service on or after February 21, 2007 the HCPCS code J2060 (Injection, lorazepam, 2mg) has a minimum age of 12, changes can be found on RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).
- Effective with dates of service on or after February 21, 2007 the HCPCS code J0295 (Injection, ampicillin sodium/sulbactam sodium, per 1.5 g) has a minimum age of 1, changes can be found on RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).
- Effective with dates of service on or after February 22, 2007 the diagnosis code 526.6 (Periradicular pathology associated with previous endodontic treatment) has no minimum age limit, data can be found on RF203 (Diagnosis Code).
- Effective with dates of service on or after February 22, 2007 the CPT code 90680 (Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use) has a minimum age of 1 and a maximum age of 8, changes can be found on RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).



Daily Limits Changed

- Effective with dates of service on or after February 27, 2007 the CPT code 80101 (Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class)) has a daily maximum of 7, changes can be found on the reference screens RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).
- Effective with dates of service on or after February 27, 2007 the HCPCS code T2021 (Day habilitation, waiver; per 15 minutes) has a daily maximum of 32, changes can be found on the reference screens RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).
- Effective with dates of service on or after February 27, 2007 the HCPCS code C8952 (Therapeutic, prophylactic or diagnostic injection; intravenous push of each new substance/drug) has a daily limit of 5, changes can be found on the reference screens RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).
- Effective with dates of service on or after March 1, 2007 the code CPT code 63650 (Percutaneous implantation of neurostimulator electrode array) has a procedure daily maximum limit of 2, data can be found on the reference screens RF113 (Procedure Codes Indicators and Values) and RF127 (Procedure OPFS Indicators and Values).

New waived lab tests

- Effective with dates of service on or after April 1, 2007 the following codes will have the modifier QW (CLIA waived test) added on the reference screen RF122 (Valid Procedure Modifiers); and W (CLIA waived test) added on the reference screen RF113 (Procedure Code Indicators and Values) at the Laboratory field.

82042	Albumin; urine or other source, quantitative, each specimen
82150	Amylase
82247	Bilirubin; total
82977	Glutamyltransferase, gamma (GGT)
84075	Phosphatase, alkaline;
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)
84520	Urea nitrogen; quantitative
87999	Unlisted microbiology procedure



The following codes have had the QW modifier removed from the reference screen RF122 and W at the Laboratory field for the reference screen RF113:

81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose
81025	Urine pregnancy test, by visual color comparison methods
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative;
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA
83026	Hemoglobin; by copper sulfate method, non-automated
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
85013	Blood count; spun microhematocrit
85651	Sedimentation rate, erythrocyte; non-automated

Code Change(s)

●Effective with dates of service on or after January 1, 2007 for the following codes the AHCCCS coverage code changed to 04 (Not covered service/code not available).

0171T - Insertion of posterior spinous process distraction device

0172T - Insertion of posterior spinous process distraction device

●Effective with dates of service on or after March 1, 2007 the following codes have been changed on the reference screen RF203 (Diagnosis Code) the minimum age is now 2 years of age and the maximum age is 20 years of age.

V85.51 Body Mass Index, Pediatric, Less Than 5th Percent

V85.52 Body Mass Index, Pediatric, 5th Percentile To

V85.53 Body Mass Index, Pediatric, 85th Percentile To

V85.54 Body Mass Index, Pediatric, Greater Than Or Equal



- Effective with dates of service on or after March 1, 2007 the following codes have been changed on the reference screen RF151 (ICD-9 Procedure Codes) to a minimum age of 20.

00.77 Hip Replacement Bearing Surface, Ceramic-On-Polyethylene
00.85 Resurfacing Hip, Total, Acetabulum And Femoral
00.86 Resurfacing Hip, Partial, Femoral Head
00.87 Resurfacing Hip, Partial, Acetabulum



- Effective for dates of service on or after January 1, 2007 The following CPT codes have had the W (CLIA Waived) added to their laboratory profile on Reference Screen RF113 (Procedure Code Indicators And Values) and the modifier QW (CLIA Waived) to their profile on Reference Screen RF122 (Valid Procedure Modifiers).

17311	Mohs Micrographic Technique, Including Removal Of All Gross Tumor
17312	Mohs Micrographic Technique, Including Removal Of All Gross Tumor
17313	Mohs Micrographic Technique, Including Removal Of All Gross Tu
17314	Mohs Micrographic Technique, Including Removal Of All Gross Tumor
17315	Mohs Micrographic Technique, Including Removal Of All Gross Tumor
82107	Alpha-Fetoprotein (AFP); Afp-L3 Fraction Isoform And Total AFP
83698	Lipoprotein-Associated Phospholipase A2, (Lp-Pla2)
83913	Molecular Diagnostics; RNA Stabilization
86788	Antibody; West Nile Virus, IGM
86789	Antibody; West Nile Virus
87305	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique
87498	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Enterovirus
87640	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Staphylococcus
87641	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Staphylococcus
87653	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Streptococcus
87808	Infectious Agent Antigen Detection By Immunoassay With Direct Opt



- Effective with dates of service on or after January 1, 2007 the following HCPCS codes have a coverage code of 09 (Medicare Only):
 - G0380 (Level 1 Hospital Emergency Visit Provided In A Type B Department)
 - G0381 (Level 2 Hospital Emergency Visit Provided In A Type B Department)
 - G0382 (Level 3 Hospital Emergency Visit Provided In A Type B Department)
 - G0383 (Level 4 Hospital Emergency Visit Provided In A Type B Department)
 - G0384 (Level 5 Hospital Emergency Visit Provided In A Type B Department)
- Effective with dates of service on or after March 1, 2007 the CPT code 90736 (Zoster (shingles) vaccine, live, for subcutaneous injection) has a coverage code change from 04 (Not covered service/Code not available) to 01 (Covered service/Code available).

072X Revenue Code (OPFS)

The 72X series of revenue codes (Labor and Delivery) has been updated in the AHCCCS Revenue Code to HCPCS Crosswalk reference table (RF773) to allow for more consistency in billing according to UB Editor Standards. In addition to the HCPCS codes listed in the UB Editor Standards, we have added HCPCS code G0378 (Hospital observation service, per hour) to the 072X Rev Codes to allow claims for observation submitted with this G-code to process in our system. Our table now mirrors the Ingenix tables except for the addition of the G0378 code. We have suggested that Ingenix add this G-code to its UB Editor for the 072X Rev Codes, but even if they do not do so we will maintain that code on our crosswalk table.

The code additions have been entered into the AHCCCS system with an effective date of 7/1/05. To the extent that you have relied on the AHCCCS Revenue Code to HCPCS Crosswalk reference file (RF773), you will need to allow for the correction of outpatient claims disallowed for valid Revenue Code-HCPCS Code combinations back to 7/1/2005, unless you have contracts with hospitals stating otherwise.

Please note that there are also codes currently within the 072X Rev Code to HCPCS Code Crosswalk reference table (RF773) that will need to be removed as they are incompatible with L&D services. Code deletions will be entered as of 4/1/07 so that health plans do not have to reprocess claims already adjudicated for the purpose of denying payments that were allowed by our system at the time they were made.

